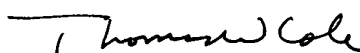


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 740165-354	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Shinji MORI et al	
		Title WEBBING WINDING DEVICE	
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 51] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D (if applicable)		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention			
- Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS	
- Detailed Description		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Claim(s)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Abstract of the Disclosure		11. <input type="checkbox"/> English Translation Document (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Figs. 1-5 [Total Sheets 5]		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
5. Oath or Declaration [Total Pages]		13. <input type="checkbox"/> Preliminary Amendment	
a. <input type="checkbox"/> Newly executed (original or copy)		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) Japanese Application 2002-2002-202816 filed July 11, 2002 (if foreign priority is claimed)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		17. <input checked="" type="checkbox"/> Other: Submission of Claiming Priority Transmittal	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> CIP of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204 or <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____			
City _____		State _____	Zip Code _____
Country _____	Telephone (703) 770-9300	Fax _____	(703) 770-9400
Name (Print/Type) Thomas W. Cole		Registration No. (Attorney/Agent) 28,290	
Signature 		Date	July 9, 2003